

Quantitative Analysis of Psychosocial Dynamics Among Elderly Residents at selected Old Age Home, Chennai

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Abstract

Ageing brings unique challenges, with declines in physical, psychological, and social well-being leading to issues like cognitive decline, depression, and dependency. These changes demand tailored strategies to support the elderly in maintaining quality of life. The study's results, conducted with 60 elderly participants using the Geriatric Depression Scale (GDS) and UCLA Scale, revealed pressing issues. Among participants, 30% experienced moderate isolation, and 70% faced moderately high isolation, while 25% had severe depression and 75% had moderate depression, with none reporting mild or normal levels. Factors like age (61-70 years), low income (under Rs.10,000), and insufficient sleep (less than six hours) significantly influenced these outcomes. These findings underscore the critical need for interventions to enhance social connection and mental well-being among this vulnerable population.

Keywords: Psychosocial dynamics, Elderly, Old age home.

Introduction:

Ageing, a universal and inevitable reality, brings profound physical, psychological, and social changes. Globally, the elderly population is rising, with projections suggesting it may reach 2 billion by 2050. This demographic shift presents both opportunities and challenges, necessitating a focus on health and well-being. In India, ageing is accelerating, with older adults expected to constitute 19% of the population by 2050. Ageing often leads to cognitive decline, depression, and dependency, exacerbated by social isolation and financial constraints. Nurses play a vital role in addressing these challenges, fostering healthy ageing

through targeted care, coping strategies, and psychosocial support for a fulfilling life.

Background of the Study

The ageing population is rising globally, with more elderly individuals in old age homes due to urbanization, changing family structures, and health issues. In Chennai, this trend highlights the need to understand their psychosocial dynamics, including emotional well-being, social interactions, and mental health.

Global Scenario: As of 2024, over 1 billion people worldwide are aged 60 and above, projected to reach 2 billion by 2050. This rapid growth, especially in Asia, impacts healthcare, social services, and economic policies.

National Scenario: India's elderly population will grow from 8% in 2015 to 19% by 2050, with challenges like health issues and economic hardship. Key states need strategies to support seniors and reduce generational burdens.

Tamil Nadu scenario: In Tamil Nadu, 11.5% of the population is aged 60+, expected to rise to 15% by 2031. The state has implemented various initiatives for elderly support, but growing demand will require more resources for healthcare, social support, and economic security.

Need for the study

The growing elderly population, particularly in urban areas like Chennai, underscores the urgent need to understand their psychosocial dynamics. Many older adults live in old age homes due to family disintegration, health issues, and economic constraints, necessitating a focus on their psychological and social well-being. By 2050, the global elderly population is projected to reach 2 billion, highlighting the need to address their health, economic, and social challenges. Ageing often brings chronic illnesses, cognitive decline, and mental health concerns, requiring holistic healthcare strategies as emphasized by the WHO. Economically, the rising elderly population increases the demand for healthcare, social support, and retirement benefits, urging policymakers to develop sustainable solutions. Socially, older adults face isolation despite their roles in families and communities. This study aims to explore these dynamics, offering evidence-based recommendations for healthcare and social services to promote healthy ageing. By addressing factors such as physical activity, nutrition, mental health, and social engagement, the study seeks to enhance the well-being of older adults. Encouraging healthy ageing not only improves the individual quality of life but also reduces healthcare costs and fosters inclusivity, ensuring older adults can lead fulfilling lives and contribute to society.

Statement of the Problem

“A study to assess the selected psychosocial dynamics among elderly residing at Sri Sai Illam old age home at Annanur, in Chennai-109.”

Primary Objectives:

Assess the level of psychosocial dynamics among the elderly residing in selected old age homes.

Secondary Objectives:

Identify the association between the psychosocial dynamics level of the elderly and their selected demographic variables.

Operational Definitions

Assess: Measuring the effect of psychosocial dynamics among elderly in old age homes.

Psychosocial dynamics: Progress in societal, relational, cultural, moral, and spiritual factors of the elderly.

Elderly: Individuals aged 60+ living in selected old age homes.

Old age home: Residences with nursing and assisted living facilities for elderly care.

Assumptions

The study assumes low psychosocial dynamics among the elderly in selected old age homes

Hypothesis

Psychosocial dynamics of the elderly significantly associated with their selected demographic variables

Delimitations

The study focused on elders, conducted for one week in selected old age homes.

Methodology

Research Approach

Quantitative research approach

Research Design

Non-experimental Descriptive research design.

Research Setting

Sri Sai Illam old age home at Annanur, in Chennai-109.

Study Population

Elderly in a Sri Sai Illam old age home at Annanur, in Chennai-109.

Sample Size

60 elders from Sri Sai Illam

Sampling Technique

Non-probability convenience sampling technique

Sampling Criteria

Inclusion Criteria:

- People who are aged between 60-80 years of age at selected old age home
- Those who are willing to participate
- Elderly who can speak and understand Tamil.

Exclusion Criteria:

- Elderly with sensory impairment.
- Elderly with Chronic illness.
- Bedridden elderly people.

Data Collection Instruments

- **Demographic Variables:** Age, sex, religion, marital status, educational status, occupational status, Duration of stay.
- Revised UCLA isolation scale

Geriatric Depression Scale (GDS)

Reliability and Validity

Tool reliability was assessed using Cronbach’s alpha: UCLA (0.82), GDS (0.84), and test-retest (0.79), ensuring high accuracy. The tool's content validity was ensured through expert review and necessary modifications for assessment.

Ethical Considerations

Ethical clearance was obtained, and ethical principles were followed during the study at Sri Sai Illam Old Age Home.

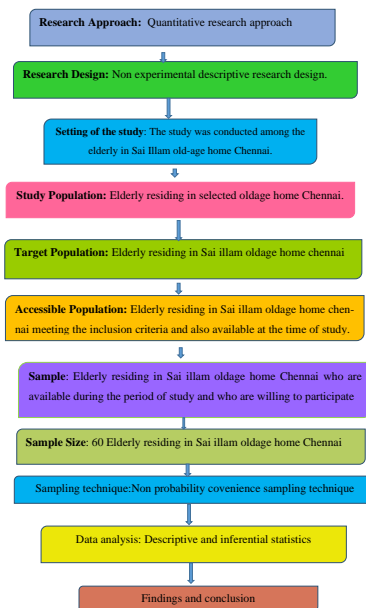


FIG.1. SCHEMATIC PRESENTATION

Results

The study revealed significant psychosocial challenges among elderly residents in old age homes. Social isolation was prevalent, with 70% experiencing a moderately high degree and 30% reporting moderate isolation, while none showed low or high levels. Depression scores indicated that 75% had moderate depression and 25% had severe depression, with no cases of normal or mild depression. Higher isolation and depression were significantly associated with individuals aged 61-70 years, earning less than Rs.10,000, and sleeping under six hours. Chi-square analysis confirmed these links, emphasizing the need for targeted interventions addressing age, income, and sleep to improve elderly psychosocial well-being.

TABLE 1. LEVEL OF ISOLATION SCORE

LEVEL OF ISOLATION SCORE	ELDERLY	
	N	%
Low degree of isolation	0	0.00%
Moderate degree of isolation	18	30.00%

Moderately high degree isolation	42	70.00%
The high degree of isolation	0	0.00%
Total	50	100%

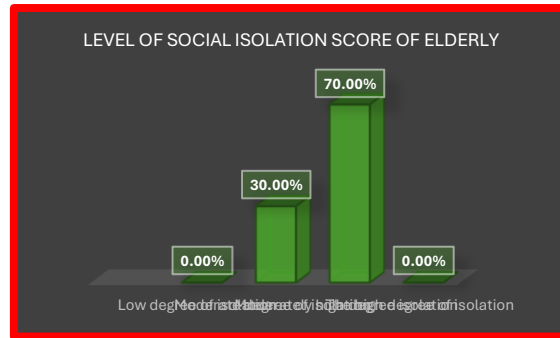


FIG.2.LEVEL OF SOCIAL ISOLATION

TABLE 2. LEVEL OF GERIATRIC DEPRESSION SCORE

Level of GDS	No. of elderly	%
Normal	0	0.00%
Mild depression	0	0.00%
Moderate depression	45	75.00%
Severe depression	15	25.00%
Total	60	100%

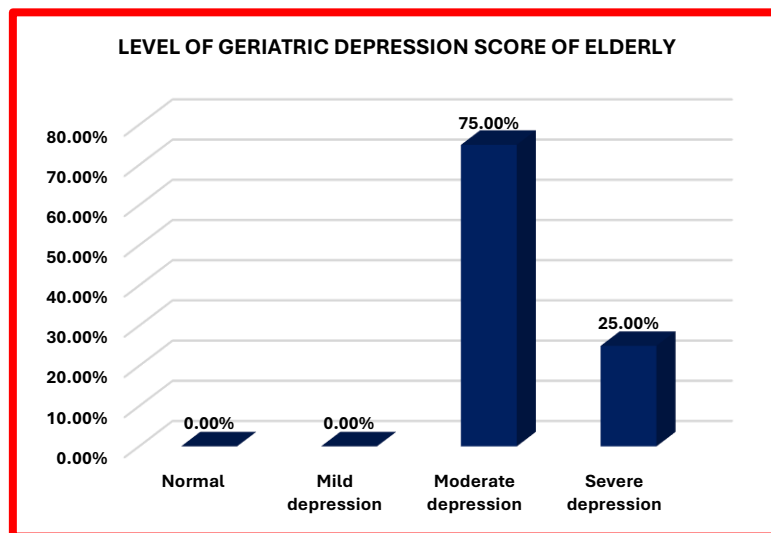


FIG.3.LEVEL OF GERIATRIC DEPRESSION SCORE

TABLE 3. ASSOCIATION BETWEEN THE LEVEL OF SOCIAL ISOLATION SCORE WITH THEIR DEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES		LEVEL OF SOCIAL ISOLATION SCORE				N	CHI-SQUARE TEST
		MODERATE DEGREE ISOLATION		MODERATELY HIGH DEGREE ISOLATION			
		N	%	N	%		
Age	61 - 70 years	16	38.10%	26	61.90%	42	$\chi^2=6.57P=0.01^{**}$ (S)
	71 - 80 years	1	5.56%	17	94.44%	18	
	81-90 years	0	0.00%	0	0.00%	0	
	>90 years	0	0.00%	0	0.00%	0	
Gender	Male	6	21.43%	22	78.57%	28	$\chi^2=1.23P=0.27$ (NS)
	Female	11	34.38%	21	65.63%	32	
Religion	Hindu	15	28.85%	37	71.15%	52	$\chi^2=0.05P=0.82$ (NS)
	Muslim/ Christian	2	25.00%	6	75.00%	8	
Educational status	Illiterate	11	29.73%	26	70.27%	37	$\chi^2=0.09P=0.76$ (NS)
	Primary education	6	26.09%	17	73.91%	23	
Marital status	Married	13	27.08%	35	72.92%	48	$\chi^2=0.39P=0.82$ (NS)
	Unmarried	1	25.00%	3	75.00%	4	
	Separated/divorced	3	37.50%	5	62.50%	8	
Monthly income in Rs.	<Rs.10,000	13	40.63%	19	59.37%	32	$\chi^2=5.10P=0.02^*$ (S)
	>Rs.10,000	4	14.29%	24	85.71%	28	
Average sleep per day?	<6 hours	8	19.05%	34	90.95%	42	$\chi^2=5.95P=0.02^*$ (S)
	6-8 hours	9	50.00%	9	50.00%	18	
Activities done presently in a day?	Gardening	3	21.43%	11	78.57%	14	$\chi^2=1.43P=0.49$ (NS)
	Watching T,V	8	25.81%	23	74.19%	31	
	Any other (specify)	6	40.00%	9	60.00%	15	
History of any Medical Illness	Diabetes mellitus	7	35.00%	13	65.00%	20	$\chi^2=1.48P=0.67$ (NS)
	Hypertension	4	25.00%	12	75.00%	16	
	Arthritis	2	16.67%	10	83.33%	12	
	Respiratory problems/others	4	33.33%	8	66.67%	12	
Duration of stay	<1years	4	44.44%	5	55.56%	8	$\chi^2=3.23P=0.20$ (NS)
	2 -3 years	11	30.56%	25	69.44%	36	
	4-5 years	2	12.50%	14	87.50%	16	
	>6 years	0	0.00%	0	0.00%	0	

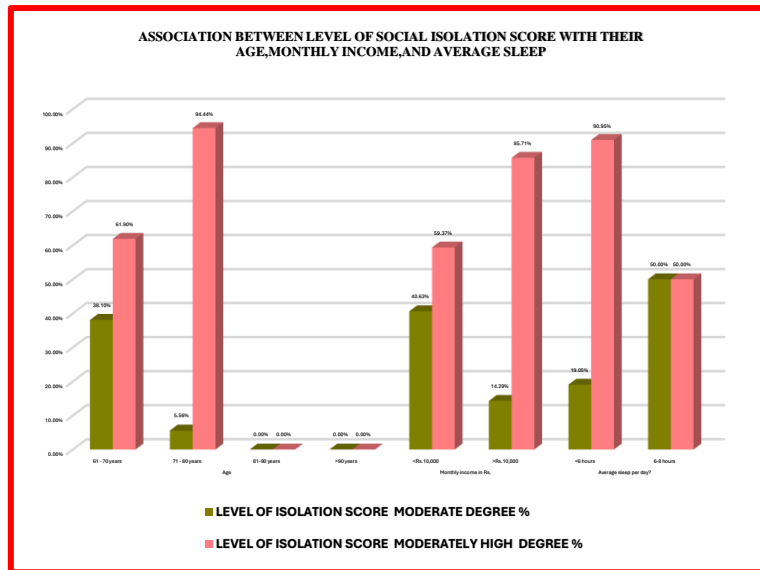


FIG.4.ASSOCIATION BETWEEN THE LEVEL OF SOCIAL ISOLATION SCORE WITH THEIR DEMOGRAPHIC VARIABLES

TABLE 4. ASSOCIATION BETWEEN THE GERIATRIC DEPRESSION SCORE WITH THEIR DEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES	LEVEL OF GERIATRIC DEPRESSION SCORE				N	CHI-SQUARE TEST
	MILD		MODERATE			
	N	%	N	%		
Age	61 - 70 years	14	38.10%	28	61.90%	42 $\chi^2=4.00$ $P=0.05^*(S)$
	71 - 80 years	11	50.00%	7	50.00%	
	81-90 years	0	0.00%	0	0.00%	
	>90 years	0	0.00%	0	0.00%	
Gender	Male	12	42.86%	16	57.14%	28 $\chi^2=0.03P=0.86$ (NS)
	Female	13	40.63%	19	59.38%	
Religion	Hindu	23	44.34%	29	55.66%	52 $\chi^2=1.05P=0.30$ (NS)
	Muslim/ Christian	2	25.00%	6	75.00%	
Educational status	Illiterate	17	45.95%	20	54.05%	37 $\chi^2=0.72P=0.39$ (NS)
	Primary education	8	34.78%	15	65.22%	
Marital status	Married	19	39.58%	29	60.42%	48 $\chi^2=0.42P=0.81$ (NS)
	Unmarried	2	50.00%	2	50.00%	
	Separated/divorced	4	50.00%	4	50.00%	
Monthly income in Rs.	<Rs. 10,000	18	56.25%	14	43.75%	32 $\chi^2=6.00P=0.01^{**}$ (S)
	>Rs. 10,000	7	25.00%	21	75.00%	
Average sleep per day?	<6 hours	18	42.86%	24	57.14%	42 $\chi^2=0.08P=0.78$ (NS)
	6-8 hours	7	38.89%	11	61.11%	
Activities done presently in a day?	Gardening	6	42.86%	8	57.14%	14 $\chi^2=1.34P=0.51$ (NS)
	Watching T.V	11	35.48%	20	64.52%	
	Any other (specify)	8	53.33%	7	46.67%	
History of any Medical Illness	Diabetes mellitus	7	35.00%	13	65.00%	20 $\chi^2=6.22P=0.10$ (NS)
	Hypertension	9	56.25%	7	43.75%	
	Arthritis	7	58.33%	5	41.67%	
	Respiratory problems/others	2	11.11%	10	88.89%	
Duration of stay	<1 years	5	55.56%	4	44.44%	9 $\chi^2=1.32P=0.51$ (NS)
	2-3 years	13	36.11%	23	63.89%	
	4-5 years	7	46.15%	8	53.85%	
	>6 years	0	0.00%	0	0.00%	

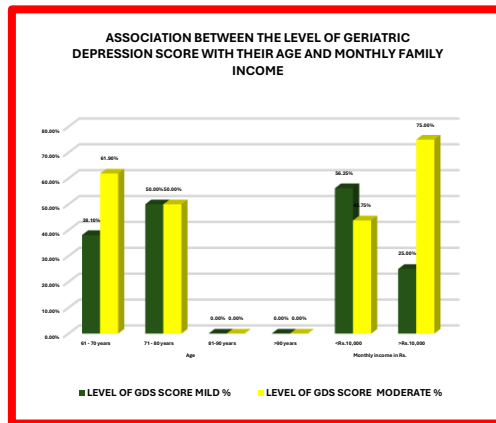


FIG 5. ASSOCIATION BETWEEN THE GERIATRIC DEPRESSION SCORE WITH THEIR DEMOGRAPHIC VARIABLES

Discussion

This chapter discusses the study findings concerning the objectives and conclusions, comparing them with previous research. The study assessed psychosocial dynamics among elderly residents of Sai Illam Old Age Home, Chennai, revealing that 70% experienced moderately high social isolation and 75% had moderate depression. **Gurrapu et al. (2024)** similarly reported high levels of isolation and depression among elderly residents in Bengaluru, emphasizing the need for enhanced caregiving to improve social support and quality of life. **Vimala et al. (2020)** observed a high prevalence of depression, cognitive impairment, and isolation among tribal elderly populations, underlining the impact of limited social interaction on mental health. **Arias-Monsalve et al. (2022)** highlighted the positive effects of social support and socioeconomic factors on elderly well-being, showing significant correlations between happiness and variables such as income, education, and social relationships. Collectively, these studies stress the importance of addressing social support, socioeconomic challenges, and caregiving practices to enhance the quality of life for older adults

Implications of the Study

The findings of this study present several implications for nursing education and practice.

Nursing Education

Incorporate geriatric care modules, emphasizing psychosocial aspects, communication skills, and interdisciplinary collaboration in nursing curricula.

Nursing Administration

Develop policies prioritizing psychosocial well-being, allocate resources, promote interdisciplinary collaboration, and implement quality improvement initiatives.

Nursing Practice

Adopt holistic care approaches, conduct regular psychosocial assessments, organize social activities, and advocate for mental health resources.

Nursing Research

frameworks, conduct longitudinal studies, develop interventions, emphasize qualitative research, and disseminate findings to improve elderly care.

Limitations

The study's limitations include a small sample size, one-week data collection, potential selection bias, cross-sectional design, and reliance on self-reported data, which may hinder generalization and accurate assessments of psychosocial dynamics.

Recommendations

Conduct longitudinal studies, and comparative studies, develop interventions, explore lived experiences, investigate family involvement, examine cultural factors, assess technology, evaluate mental health, staff training, and policy analysis for improvement.

Conclusion

This study highlights the importance of addressing the psychosocial dynamics affecting elderly residents in old age homes. It emphasizes the need for targeted interventions, staff training, and fostering social connections to improve mental health, reduce isolation, and enhance overall quality of life, ultimately ensuring compassionate, holistic care for elderly individuals.

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